

**INTERGOVERNMENTAL AGREEMENT
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
BETWEEN
SPOKANE TRIBE OF INDIANS AND THE WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

I. AUTHORITY

THIS AGREEMENT is entered into between Spokane Tribe of Indians (hereinafter the Tribe) and the Washington State Department of Social and Health Services, (hereinafter the Department) pursuant to their respective governmental authorities. The Spokane Business Council is authorized to enter into this Agreement under Article VIII of Spokane Tribe's Constitution. The Interlocal Cooperation Act, RCW 39.34, permits any State agency to enter into a cooperative agreement with an Indian tribe for their mutual advantage and cooperation. RCW 74.080A.040 authorizes the State to coordinate and cooperate with eligible Indian tribes that elect to operate a Tribal TANF program as provided for in P.L. 104-193 and to transfer a fair and equitable share of State Maintenance of Effort (MOE) funds to the eligible Indian tribe. The Tribe and the Department desire to enter into this Agreement pursuant to their respective authorities, which include financial assistance and employment and training services to eligible, needy families in order to fulfill the purpose set out herein. It is the intention of the parties that this Agreement be liberally construed to effectuate its intent and purposes.

The Tribe and the Department each have jurisdiction over providing comprehensive welfare reform services and additional supportive services.

The Tribe and the Department recognize that the Tribe has a compelling interest as a sovereign in promoting and maintaining the governmental social, economic and cultural integrity of the Tribe. The parties recognize their respective sovereignty and enter into this Agreement consistent with the government-to-government relationships affirmed by the Centennial Accord of 1989.

Section 412 of the Social Security Act requires payment of TANF funds to Indian Nations with approved TANF plans. The Tribe will provide services under its approved TANF plan in a manner that best serves the needs of its service area and population. The parties recognize that their ability to serve TANF families shall be enhanced with the establishment of a process and procedures for the transfer and exchange of services. Coordinating the transfer of identified cases from the Department to the Tribe shall assist in ensuring that tribal families receive uninterrupted services.

II. PURPOSE

The Tribe and the Department enter into this Agreement to transfer a fair and equitable amount of State Maintenance of Effort (MOE) funds to the Tribe and to work in partnership to coordinate state and tribal benefits and services. This Agreement is consistent with, and is intended to further, the declared national policy of moving recipients into time-limited assistance and work. At the same time, this Agreement also protects the best interest of families and children by providing an effective and efficient way by which these families and children may be maintained from the resources available to both the Tribe and the Department. The parties recognize that their ability to serve TANF families will be enhanced with the establishment of a process and procedure for the transfer and exchange of services.

III. DEFINITIONS

The Tribe and the Department agree for the purposes of this Agreement to the following definitions.

- 1. Retrocession: Means the process by which an Indian nation voluntarily terminates and cedes back (or returns) a tribal TANF program to the appropriate state and federal entities, consistent with federal regulations. Retrocession includes the voluntary relinquishment of the authority to obligate previously awarded state and federal funds before that authority otherwise expires.*
- 2. State Maintenance of Effort Funds (MOE): Federally required expenditures of State funds in programs which fulfill specific Federal requirements and which serve TANF eligible families. Depending upon whether a State meets certain TANF program requirements, the required minimum level of State MOE spending in any fiscal year is 75% or 80% of the State's 1994 spending in certain AFDC related programs. Washington State's MOE is currently 75%.*
- 3. TANF (Temporary Assistance for Needy Families): a program authorized by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PL 104-103) and codified in title IV-A of the Social Security Act operated by states and Indian nations to provide financial assistance and employment and training services to eligible, needy families.*
- 4. TFAP (TANF Family Assistance Plan): Means the plan for implementation of the Tribal TANF program under Section 412(b) of the Social Security Act.*
- 5. Tribal TANF Program: Means a TANF program developed by an eligible Indian nation, tribal organization, or consortium and approved by the Administration for Children and Families under Section 412 of the Social Security Act.*

6. *WorkFirst: The state's welfare reform program that provides support services and activities to TANF recipients and low-income families so they can find jobs, keep jobs, and become self-sufficient.*

IV. THE DEPARTMENT AND THE SPOKANE TRIBE AGREE TO THE FOLLOWING:

The Tribe and the Department engaged in negotiations to 1) determine the data that would be submitted by the Department to the United States Department of Health and Human Services (hereinafter HHS), from which HHS would determine the Tribe's federal TANF grant amount, and 2) the amount of State maintenance of effort funds and other monetary and non-monetary enhancement that would be provided by the Department to assist the Tribe's TANF program.

The Tribe has an approved TFAP, which is incorporated by reference. The effective date of the TFAP is the first day of March 2003. The Tribe will serve all enrolled American Indians/Alaska Natives (AI/AN) on the Spokane Reservation; all AI/AN in Adams, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman Counties with the exception of Colville Tribal members in Lincoln and Stevens Counties and Kalispel Tribal members in Pend Oreille, Spokane, and Stevens Counties, and all AI/AN on the Kalispel Reservation. The Tribe's geographic area will include the Spokane Indian Reservation and Adams, Lincoln, Pend Oreille (with the exception of the Kalispel Indian Reservation), Spokane, Stevens, and Whitman Counties consistent with its federally approved TFAP. Ferry County is not included as requested in the original letter since it is not the Spokane Tribe's near reservation area but is the Colville's near reservation area and is being served by their Tribal TANF program.

The Department and the Tribe determined that there were 2,081 assistance units or tribal families receiving AFDC public assistance benefits in 1994, based on the Tribe's identified service population as identified in their TFAP.

The Department has transferred, in a separate agreement, \$700,000, in state funds, to the Tribe for one-time start-up and infrastructure costs. The Department agrees to transfer to the Tribe in state funds, a total of \$5,632,760 for each of the three years. The annual amounts will be paid to the Tribe, upon submission of a department voucher (A-19), payments to be at the beginning of each calendar quarter, in accordance with the State MOE Payment Schedule, Exhibit A, attached and incorporated. Included within the annual funding stated above, the Department agrees to pay to the Tribe enhanced funding for future employment opportunities of \$955,000 for each of the three years of the Agreement. The Department's total financial commitment during the three years of the Agreement is \$16,898,280 plus the \$700,000 already paid to the Tribe under a separate agreement for start-up and infrastructure costs.

The Tribe and the Employment Security Department (ESD) have a WorkFirst contract funded by TANF funds. The Tribe will work with ESD to wrap up existing funding and transfer clients in a manner that causes the least disruption. The tribal WorkFirst contractor will stop taking new clients effective with the March 1 start date of the Tribal TANF program.

The Tribe and the Department will negotiate a quarterly reconciliation process and methodology for eligible Tribal TANF families identified in the Tribe's federally approved Tribal TANF Plan served by the Department during the agreement period. Any needed adjustments for clients who refuse to go to the tribal TANF program and will subsequently be served by the state TANF program will be made to each quarterly payment.

To meet the requirements outlined in the November 27, 2000 TANF Policy Announcement (No. TANF-ACF-PA-00-4) issued by the U.S. Department of Health and Human Services, and incorporated by reference, the Tribe and the Department have agreed to the following mechanism to enable the Department to know quarterly how the Tribe has used the State's Maintenance of Effort Funds (MOE) and the number of eligible families served with the funds. To assist with this, two forms have been developed and will need to be completed by the Tribe and submitted on a quarterly basis. These forms are attached (forms # WA -TT-01 Tribal TANF State of Washington Tribal Quarterly Report and WA-TT-02 State MOE Tribal TANF Expenditure Report).

V. IMPLEMENTATION AGREEMENTS

The Tribe and the Department shall develop an Operational Agreement describing the working relationship between the Department of Social & Health Services Region 1 and the Tribe, including procedures for the effective transfer of cases and coordination of services that shall be performed by each party. This Operational Agreement shall also include an Information and Data Sharing Protocol. The protocol shall include provisions identifying State and Tribal confidentiality protections and provisions to ensure that a family receiving assistance under the Tribe's plan may not receive assistance from other state or tribal TANF programs.

The Department, working with the Division of Child Support, will develop processes or agreements with the Tribe to address the child support issues relating to their tribal TANF clients.

VI. RESPONSIBILITIES OF THE TRIBE

The Tribe shall provide TANF services as described in its federally approved TANF Plan. The Tribe shall comply with all applicable federal regulations governing the use of federal funds as they pertain to tribal governments.

Consistent with its federally approved TFAP, the Tribe shall make the final determination of tribal membership of families applying for Tribal TANF services. The Tribe shall also determine whether such families meet the eligibility criteria for Tribal TANF services.

The Tribe shall provide the Department with a list and description of the current eligibility criteria for Tribal TANF services. If and when changes or revisions of such eligibility occur, the Tribe shall promptly inform the Department of these changes or revisions.

If the Tribe requests an amendment to its TFAP which would have a significant financial impact on the Department, the Tribe shall also notify the Department of such request and provide a copy of the proposed amendment. The Department and the Tribe shall negotiate and reach agreement regarding any amendments to the TFAP, which would have an impact on this Agreement before the Tribe implements the amendment. The Tribe agrees to give the Department notice when such amendments are approved.

VII. RESPONSIBILITIES OF THE DEPARTMENT

The Department will refer new applications to the Tribe beginning March 3, 2003. The Department shall transfer the eligible cases to the Tribe in three installments on April 1, May 1 and June 1 of 2003. The details of the phase-in of the cases will be further outlined in the Operational Agreement.

The Department shall provide the Tribal TANF recipients with equitable access to Medical Assistance and the Food Stamp Program (called Basic Food in Washington State) for determination of eligibility and distribution of services. The Department shall also provide equitable access to the benefits of the Department's Child Care program including program eligibility and payment for childcare providers based on state law.

The Department shall provide the Tribe with a list and description of the current eligibility criteria for State-funded TANF services. If and when changes or revisions of such eligibility occur, the Department shall promptly inform the Tribe of these changes or revisions.

The Division of Child Support (DCS) shall electronically distribute child support collected on a Tribal TANF case to the Tribe, on each case where DCS has received the form assigning the family's support rights to the Tribe.

The Department waives Section 405 (b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, that requires 90-day advance notification that the State's TANF grant, is to be reduced.

VIII. CONFLICT RESOLUTION

The Tribe and the Department understand that there may be times when a question is raised by either party regarding the appropriateness of a referral either from the Department to the Tribe or from the Tribe to the Department. The Tribe and the Department acknowledge that there may be instances in which either the Tribe or the Department has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such instance, the Tribe and the Department shall attempt to resolve the matter through discussions. If unsuccessful, the Tribe and the Department agree to refer the matter to non-binding mediation.

Either party may request that a mediator be selected to assist in resolving any conflict or dispute. The mediator shall be jointly selected and shall be approved by both the Tribe and the Department. The cost of a mediator shall be born equally by the Tribe and the Department.

If the mediator cannot resolve the conflict or dispute, then the issue shall be brought before a Disputes Board. The Disputes Board shall consist of three (3) individuals, one (1) selected by the Tribe, one (1) selected by the Department and a third party to be chosen by the first two. The Disputes Board shall review all issues, concerns and conflicts with a goal to determine acceptable solutions for both parties. The decisions of the Disputes Board shall be final and binding on both parties.

IX. EXECUTION, AMENDMENT, WAIVER AND TERMINATION

This Agreement shall be reviewed annually at the request of either the Tribe or the Department. This Agreement may be altered, amended or any provision may be waived by written agreement signed by both parties.

This Agreement is for three years. During this time, TANF will be reauthorized at the federal and state level. If there are changes to the federal or state TANF legislation or funding structure that significantly impact either party, each reserves the right to renegotiate this Agreement. Payments are subject to the availability of adequate federal and state funds. DSHS may renegotiate this Agreement subject to the new funding limitations and conditions by providing thirty (30) calendar days' written notice.

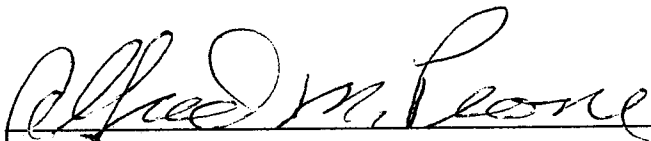
This Agreement incorporates the Indian Nation and DSHS Agreement 0082-44145 Regarding General Terms and Conditions by reference, including but is not limited to, the provisions for Termination Due to Change in Funding, Termination for Convenience, and Termination for Default. For this Agreement, either party may terminate the Agreement by giving the other party forty-five (45) calendar days' written notice.


If the Tribe chooses to terminate or retrocede its Tribal TANF program prior to the end of its three-year plan, it agrees to provide the Department with notification at the same time that it notifies the Secretary of HHS. All future scheduled State funded payments shall be discontinued and any State MOE funds not expended or obligated on Tribal TANF activities as of termination or retrocession date shall be returned to the Department within 45 days of the termination or retrocession date.

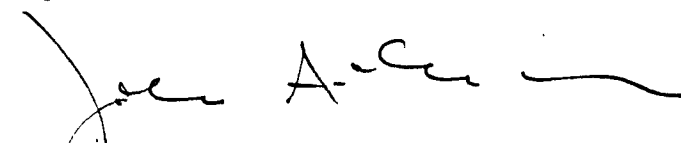
X. TERM

THIS AGREEMENT shall become effective when the Tribe and the Department have signed the Agreement. This Agreement shall terminate on March 1, 2006, unless extended, or terminated prior to that date, as provided herein.

On this 3 day of March, 2003 in Olympia, Washington, the following in their representative capacities hereby approves this Agreement.


ALFRED M. PEONE
CHAIRPERSON
Spokane Tribe of Indians


DENNIS BRADDOCK
SECRETARY
Department of Social & Health Services


JOHN ATHERTON
ASSISTANT SECRETARY
Economic Services Administration

SPOKANE TRIBE OF INDIANS
STATE MOE PAYMENT SCHEDULE

EXHIBIT A

TOTAL FUNDING FOR THE THREE YEAR AGREEMENT IS \$16,898,280

The \$700,000 startup for the first year was paid under a separate agreement and is not included here.

	<u>PAYMENTS</u>	<u>DATE</u>
FIRST PAYMENT (ONE MONTH -to adjust to calendar quarter)	\$469,397	March 1, 2003
SECOND PAYMENT (CALENDAR QUARTER)	\$1,408,190	April 1, 2003
THIRD PAYMENT (CALENDAR QUARTER)	\$1,408,190	July 1, 2003
FOURTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	October 1, 2003
FIFTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	January 1, 2004
SIXTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	April 1, 2004
SEVENTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	July 1, 2004
EIGHTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	October 1, 2004
NINTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	January 1, 2005
TENTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	April 1, 2005
ELEVENTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	July 1, 2005
TWELFTH PAYMENT (CALENDAR QUARTER)	\$1,408,190	October 1, 2005
LAST PAYMENT (TWO MONTHS)	\$938,793	January 1, 2006

MAXIMUM AVAILABLE FOR THREE YEARS OF PAYMENTS **\$16,898,280**
STATE FUNDS

contractpayment schedule exhibit A

TRIBAL TANF

STATE OF WASHINGTON TRIBAL QUARTERLY REPORT

TRIBE'S NAME _____																																	
CURRENT QUARTER ENDING DATE _____																																	
<u>CASELOAD COUNT FOR THIS QUARTER:</u> <u>ALL CASES</u> MONTHLY CASE COUNT UNDUPPLICATED CASE COUNT <u>CHILD ONLY CASES</u> MONTHLY CASE COUNT UNDUPPLICATED CASE COUNT <u>SINGLE PARENT CASES</u> MONTHLY CASE COUNT UNDUPPLICATED CASE COUNT <u>TWO PARENT CASES</u> MONTHLY CASE COUNT UNDUPPLICATED CASE COUNT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center; padding: 5px;">MONTH OF QUARTER</th> </tr> <tr> <th style="width: 33%; text-align: center; padding: 5px;">1ST</th> <th style="width: 33%; text-align: center; padding: 5px;">2ND</th> <th style="width: 33%; text-align: center; padding: 5px;">3RD</th> </tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td><td></td></tr> </table>			MONTH OF QUARTER			1ST	2ND	3RD																								
MONTH OF QUARTER																																	
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<u>STATE MOE FUNDING & EXPENDITURE DATA</u>	
FOR THIS CURRENT QUARTER:	
STATE FUNDS TRANSFERRED TO TRIBE	_____
STATE FUNDS EXPENDED BY TRIBE	_____
SINCE INCEPTION OF THE CURRENT STATE TRIBAL AGREEMENT:	
STATE FUNDS TRANSFERRED TO TRIBE	_____
STATE FUNDS EXPENDED BY TRIBE	_____

**Washington State Department of Social & Health Services
Economic Services Administration**

form # WA - TT02

State MOE Tribal Temporary Assistance for Needy Families (TANF) Expenditure Report

Tribal Name and Address	FEDERAL FISCAL YEAR	CURRENT QTR. ENDED	COMMENTS
	<u>STATE CONTRIBUTED MOE FUNDS</u>		
TOTAL AWARD FOR CURRENT FEDERAL FISCAL YEAR	\$		
EXPENDITURE CATEGORIES			
5. EXPENDITURES ON ASSISTANCE			
a. BASIC ASSISTANCE	\$	\$	
b. CHILD CARE	\$	\$	
c. OTHER SUPPORTIVE SERVICES	\$	\$	
6. EXPENDITURES ON NON-ASSISTANCE			
a. WORK RELATED ACTIVITIES/EXPENSES	\$	\$	
1. WORK SUBSIDIES	\$	\$	
2. EDUCATION AND TRAINING	\$	\$	
3. OTHER WORK ACTIVITIES/EXPENSES	\$	\$	
b. CHILD CARE	\$	\$	
c. TRANSPORTATION	\$	\$	
1. JOB ACCESS	\$	\$	
2. OTHER	\$	\$	
d. INDIVIDUAL DEVELOPMENT ACCOUNTS	\$	\$	
e. PREVENTION OF OUT-OF-WEDLOCK PREGNANCIES	\$	\$	
f. 2-PARENT FAMILY FORMATION AND MAINTENANCE	\$	\$	
g. ADMINISTRATION	\$	\$	
h. INFORMATION TECH. SYSTEMS	\$	\$	
i. OTHER - please list separately- add rows if needed:	\$	\$	
j.	\$	\$	
k.	\$	\$	
l.	\$	\$	
m.	\$	\$	
7. TOTAL STATE MOE EXPENDITURES	\$	\$	
<small>THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</small>			
SIGNATURE: AUTHORIZED TRIBAL OFFICIAL		TYPED NAME & TITLE OF PREPARER	
DATE SUBMITTED:			
SUBMITTAL: [] NEW [] REVISED			